

BLOOD DONORS

Representative's Name Office Room Building Extension

| DONOR | BUILDING | EXTENSION | PREFERENCE A.M. or P.M. |
|-------|----------|-----------|----------------------------|
| | | | |

*UNDER 21 YEARS OF AGE - PERMISSION IS NECESSARY. Please note such donors with a double asterick and [REDACTED] Slip is filled out by the parent or guardian.

ILLEGIB

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WASHINGTON REGIONAL BLOOD CENTER
AMERICAN RED CROSS

I hereby give permission for my

son/daughter _____

to give blood through the Red Cross

Blood Program.

(Parent or Guardian)

Date _____

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